

Application Data Sheet

Application Information

Application number::

Filing Date:: 08/17/06

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: Immune Diagnostic Assay to Diagnose and
Monitor Tuberculosis Infection

Attorney Docket Number:: 50294/019001

Request of Early Publication?: No

Request of Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: Yes

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: IT

Status:: Full Capacity

Given Name:: Delia

Middle Name::

Family Name:: Goletti

Name Suffix::

City of Residence:: Roma

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Via Donna Olimpia 195

City of mailing address:: Roma

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address:: I-00152

Applicant Authority Type:: Inventor

Primary Citizenship Country:: IT

Status:: Full Capacity

Given Name:: Donatella

Middle Name::

Family Name:: Vincenti

Name Suffix::

City of Residence:: Roma
State or Province of Residence::
Country of Residence:: Italy
Street of mailing address:: Via Giovanni Vestri 14
City of mailing address:: Roma
State or Province of mailing address::
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: I-00151

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity

Given Name:: Stefania

Middle Name::

Family Name:: Carrara

Name Suffix::

City of Residence:: Roma

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Via Ottavio Assarotti 21

City of mailing address:: Roma

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address:: I-00135

Applicant Authority Type:: Inventor

Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Enrico
Middle Name::
Family Name:: Girardi
Name Suffix::
City of Residence:: Roma
State or Province of Residence::
Country of Residence:: Italy
Street of mailing address:: Via Ortigara 3
City of mailing address:: Roma
State or Province of mailing address::
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: I-00195

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Fabrizio
Middle Name::
Family Name:: Poccia
Name Suffix::
City of Residence:: Roma
State or Province of Residence::
Country of Residence:: Italy
Street of mailing address:: Via Maria Grandinetti 52

City of mailing address:: Roma
State or Province of mailing address::
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: I-00126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Rita
Middle Name::
Family Name:: Casetti
Name Suffix::

City of Residence:: Cave
State or Province of Residence::
Country of Residence:: Italy
Street of mailing address:: Via Morino 28a
City of mailing address:: Cave
State or Province of mailing address::
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: I-00033

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Massimo
Middle Name::

Family Name:: Amicosante

Name Suffix::

City of Residence:: Roma

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Via Laiatico 24

City of mailing address:: Roma

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address:: I-00138

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/EP05/050728	02/18/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
IT	RM2004A000091	02/19/04	YES

Assignee Information

Assignee name:: Istituto Nazionale Delle Malattie Infettive "Lazzaro
Spallanzani"
Street of mailing address:: Via Portuense 292
City of mailing address:: Roma
State of Province of mailing address::
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: I-00149